



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INSTRUCTIONAL TECHNOLOGY
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

APPLICATION FOR TITLE II D eMINTS PROGRAM

DUE MARCH 31

FOR DEPARTMENT USE			
DATE PROJECT APPROVED		AMOUNT APPROVED	SIGNATURE
PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)			
NAME OF SCHOOL DISTRICT		CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
AUTHORIZED REPRESENTATIVE / TITLE		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
SCHOOL BUILDING INFORMATION - CONTACTS			
SCHOOL BUILDING NAME		ADDRESS	
PRINCIPAL		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
GRANT-FUNDED TEACHER #1		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
GRANT-FUNDED TEACHER #2		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
DISTRICT-FUNDED TEACHER #1		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
DISTRICT-FUNDED TEACHER #1		WORK PHONE	PAGER NUMBER
EMAIL ADDRESS		SUMMER PHONE	FAX NUMBER
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
BUILDING PARTICIPATION IN SCHOOL-WIDE RENEWAL PROGRAMS			
Check the school-wide renewal programs in which the proposed eMINTS school participates. Provide the implementation date. [Provide a description of activities and outcomes, to date, in the narrative section: Building Participation in School-Wide Renewal Programs.]			
Accelerated Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Missouri Elementary Science Connection	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Missouri Math Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Missouri Reading Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Project Construct	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Show-Me Science Academy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Technology Leadership Academy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		
Title I School-Wide Project	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____		

APPLICATION FOR TITLE II D eMINTS PROGRAM – Cover/Assurances, Page 2

Other – List Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____
Other – List Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____
Other – List Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Of Implementation _____
PARTICIPANT PROJECT ASSURANCES	
<p>For the eMINTS Program to succeed, participating schools must make significant contributions and commitment for two years. <u>The district and participating school hereby assure DESE that they will:</u></p> <ul style="list-style-type: none"> Assign one administrator as district contact person to facilitate the participation of the teachers in the program. Prepare classrooms with electricity, air conditioning, network cabling, T-1 Internet access (minimum 1-2 mbps), classroom furniture where needed, telephone access, and equipment meeting the specifications established by the eMINTS program: teacher laptop; teacher computer workstation including scanner, digital camera and printer; interactive whiteboard and projector; and one student workstation for every two students in the classroom. Agree to maintain the two students per student workstation ratio throughout the grant period at district expense if there are enrollment increases. Agree to utilize the equipment installation calendar that the eMINTS program prescribes. This is crucial as the professional development program assumes that these target dates have been met. If target dates are not met (equipment installed before or after target dates), the professional development sessions will not be effective. Fulfill all program professional development, implementation, and evaluation activities and requirements (including providing student data as requested by OSEDA). Provide participating teachers with the resources (stipend for out-of-contract time, mileage, lodging, and substitutes) necessary for successful participation in the program: <ul style="list-style-type: none"> 100 hours of program training sessions outside the regular school day plus four days of release time for Year 1, and 75 hours of program training sessions outside the regular school day plus two days of release time for Year 2. Provide enough student computers to maintain at least one Internet-connected computer for every two students throughout the two years of professional development. Establish district-supported classrooms (if slots available) that meet the same specifications established by the eMINTS program: <ul style="list-style-type: none"> The same equipment installation prescribed by the eMINTS program must be followed for all additional classrooms. The same resources (stipends for out-of-contract time, mileage, lodging, and substitutes) necessary for successful participation in the program must be provided by the district to additional eMINTS teachers. The same costs will be assessed for additional teachers participating in the eMINTS professional development. Successful participation requires that <u>ALL</u> enrollees attend <u>ALL</u> training sessions and <u>ALL</u> cluster meetings unless a valid excuse is presented. Agree to use training provided by the program in accordance with the intent of the eMINTS program and its provisions. Commit to continual enhancement of teacher training in the effective use of technology in the classroom. Abide by the DESE eMINTS Program guidelines. Allow classroom visits by college of education faculty, preservice teachers, and other appropriate Missouri educators. Comply with project assurances as detailed in the frequently asked questions (FAQ) section. 	
SPECIAL CONDITIONS	
<ul style="list-style-type: none"> School districts will be invoiced by MOREnet at the beginning of each school year for the costs of professional development for teachers included on this application. Payment must be received in full by October 15 of each school year. Quarterly reports of teacher attendance will be provided to the school district. Participating teachers will be provided with access to eThemes and may request searches at the eThemes site. Participating teachers will be provided access to MOREnet's cluster discussion list and the general eMINTS discussion list. Participants will be provided with meals and required materials for the training program. Participants will be provided with one email address per person and server space for a classroom website. In the event that terms and conditions in this application are in conflict with the terms and conditions of the DESE eMINTS program, the terms and conditions of this application will govern. 	
SIGNATURES (Signatures are binding to their respective sections of participation in the eMINTS Project)	
AUTHORIZED REPRESENTATIVE (SIGNATURE OF & DATE)	GRANT-FUNDED TEACHER #1 (SIGNATURE OF & DATE)
BUILDING PRINCIPAL (SIGNATURE OF & DATE)	GRANT-FUNDED TEACHER #2 (SIGNATURE OF & DATE)
TECHNICAL CONTACT PERSON (SIGNATURE OF & DATE)	DISTRICT-FUNDED TEACHER #1 (SIGNATURE OF & DATE)
eMINTS PROJECT CONTACT PERSON (SIGNATURE OF & DATE)	DISTRICT-FUNDED TEACHER #2 (SIGNATURE OF & DATE)

APPLICATION FOR TITLE II D *e*MINTS PROGRAM – Narrative

The narrative sections of the application should be developed on a word processor following the approved format, as detailed in the Instructional Technology Grant Programs Consolidated Manual, and posted on the Instructional Technology web site.

Building Participation in School-Wide Renewal Programs

(List and describe renewal programs the school building has been involved with and to what degree. Indicate length of time the building has been implementing each program, major activities, noted outcomes, and the compatibility with the *e*MINTS instructional model.)

***e*MINTS Role in District/Building Technology and CSIP Plans**

(Describe how *e*MINTS will address and fulfill the goals of current technology and school improvement plans. Describe previous efforts and/or goals to increase classroom infrastructure, in terms of computers and Internet connectivity. Describe current and/or planned professional development activities that help teachers integrate multi-media technology into inquiry-based, student-centered, interdisciplinary, and collaborative teaching practices.)

***e*MINTS Program Support and Expansion Plans**

(Describe and detail financial resources, technology resources, and professional development support the district will use to initiate and sustain the *e*MINTS instructional model during and after the grant period. Describe district plans for and capacity to expand the program to additional classrooms in future years.)

Educational Need for *e*MINTS Program

(Describe why the project is needed, and how it addresses documented instructional and student performance needs.)

Commitment of Project Implementers

(Provide letters of support from the superintendent, *e*MINTS project contact, district technology coordinator, building principal, building technology contact, if applicable, and prospective *e*MINTS teachers.)

Proposed *e*MINTS Budget Explanation

(Itemize and describe all necessary budget expenditures. Address the professional development and match requirements. See Manual for suggested format.)



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BUDGET GRID FOR TITLE II D eMINTS PROGRAM

DUE MARCH 31

FOR DEPARTMENT USE		
DATE PROJECT APPROVED	AMOUNT APPROVED	SIGNATURE

PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)		
NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

PROPOSED BUDGET (TO BE COMPLETED BY THE APPLICANT)							
	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match * 10%	TOTAL A+B+C+ D+E+F
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance & Counseling							
Professional Development **							
Governance & Administration							
Facilities & Safety							
Support Services							
MATCH							

TOTALS						MATCH TOTAL	PROJECT TOTAL
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* The total of Match (Column F) should be equal to the total of Match row.

** 25% Must Be Spent on Technology Professional Development

PROJECT TOTAL	\$
<u>MINUS</u> MATCH TOTAL	\$ -
STATE REQUEST	\$

PROFESSIONAL DEVELOPMENT (Must equal or exceed 25% of Project Total)	\$
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
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AMENDMENT FOR TITLE II D eMINTS PROGRAM

FOR DEPARTMENT USE		
DATE PROJECT APPROVED	AMOUNT APPROVED	SIGNATURE

PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)		
NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

PROPOSED BUDGET (TO BE COMPLETED BY THE APPLICANT)							
	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match (10%)	TOTAL A+B+C+ D+E+F
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance & Counseling							
Professional Development (25%)							
Governance & Administration							
Facilities & Safety							
Support Services							
MATCH							

TOTALS						MATCH TOTAL	PROJECT TOTAL
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The total of Match (Column F) should be equal to the total of Match row.

PROJECT TOTAL	\$
MINUS MATCH TOTAL	\$ -
STATE REQUEST	\$

PROFESSIONAL DEVELOPMENT (Must equal or exceed 25% of Project Total)	\$
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SCHOOL COMMENTS – Explain reason(s) for Amendment



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FINAL EXPENDITURE REPORT FOR TITLE II D eMINTS PROGRAM

DUE MAY 15

FOR DEPARTMENT USE

DATE FER APPROVED	AMOUNT APPROVED	SIGNATURE
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PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

PROJECT EVALUATION NARRATIVE (TO BE COMPLETED BY THE APPLICANT)

DEVELOP ANSWERS FOR THE FOLLOWING USING A WORD PROCESSOR.

1. Provide evidence of the project's success in meeting your goal and objectives.
2. Discuss the most successful activities or the most valuable outcome of the project.
3. Describe any special benefits to students, staff, or community.
4. Relate the training provided for staff; include the numbers of staff involved, topics covered, and names of trainers or training agencies.

FINAL BUDGET (TO BE COMPLETED BY THE APPLICANT)

	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match (10%)	TOTAL A+B+C+ D+E+F
STATE							
MATCH							
TOTAL							

REQUEST FOR FINAL PAYMENT (TO BE COMPLETED BY THE APPLICANT)

TOTAL STATE FUNDS EXPENDED	\$
<u>MINUS</u> AMOUNT RECEIVED TO DATE	\$ -
AMOUNT DUE DISTRICT	\$
AMOUNT OF OVERPAYMENT (to be refunded to the Department)	\$

TOTAL PROFESSIONAL DEVELOPMENT EXPENDITURES (Must equal or exceed 25% of Project Total)	\$
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COMMENTS